



*Quality Healthcare for all: How
can state agencies help?*

What is Health?

- WHO Alma-Ata Declaration (1978)
- "Health is:
 - a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity;
 - A fundamental human right
 - Realization requires the action of many other social and economic sectors
- Gross inequality ... is ...of common concern to all countries"

What is Quality Health Care?

- "Providing patients with appropriate services in a technically competent manner with good communication, shared decision-making, and cultural sensitivity."
 - Institute of Medicine, National Cancer Policy Board 1999
- Measured by Access, Efficiencies, Outcomes and Customer Service

Quality and disparities are connected

- Two AHRQ reports—
- National Healthcare Quality Report
 - High quality healthcare not universal
 - Opportunities for Prevention missed
 - Management of chronic diseases a challenge
- National Healthcare Disparities Report
 - Disparities in quality exist
 - Opportunities for Prevention missed
 - Chronic disease management an issue

How do we provide equal and high quality health care in a time of scarce resources?



- Figure out ways to get the best value for our resources
($\text{Value} = \text{Quality} * \text{Access} / \text{Cost}$)
- All state agencies work together to streamline processes and share expertise

Washington State Agencies contribution to streamlining/sharing

- State agencies in discussion over the last three years to prioritize areas of health care quality/value improvement
- Six resulting priorities:
 - Clinical Preventive Services *
 - Demand Improvement
 - Technology Assessment *
 - Health Outcomes
 - Coverage Decisions
 - Disease State Management *

Washington State Agencies contribution to streamlining/sharing, cont'd

- ESHB 1299 called for state agencies to develop and share:
 - Methods of formal assessment
 - Common definitions and processes
 - Methods of monitoring health care indicators (eg outcomes, adverse events, quality and cost)
 - Strategies for disease management

How do the Agency Medical Director Priorities fit in with efforts to eliminate disparities?

- Agency Medical Director priorities share significant overlap with quality/disparities reports with respect to the prioritization of both preventive healthcare and chronic disease management.
- Concerns with potential disparities, with respect to age, sex, geography, race, ethnicity and language (and others) must be knit into the way we do business.
 - Variance in quality of care is important to state purchasers because it will adversely effect the value received for expenditures
 - Without integration, any initiative is easy to eliminate, particularly with low resources and shifting emphases

What kinds of collaborative work do agencies already do?

- Agency contracts have quality requirements, and agencies are working to standardize these
 - Example: Agencies already work together in TEAMmonitor—the interagency team that oversees managed care contract compliance and quality for HO, PEBB, SCHIP, BHP
- Next step: use info on demographics of all kinds to target our work better, including potential community information/education projects that integrate all of our agencies.

Examples: what we're already doing right

- Analysis of data overall and variance
First Steps database
Cancer Registry analysis
Multi-lingual CAHPS project
- MAA pays for interpreter services

An outline of the DOH – MAA linkage study:

**Were our clients being diagnosed later
in their disease than other women?**

Results showed women who were:

- **African-American AND**
- **Urban/suburban AND**
- **Current or past Medicaid clients**

**Were approximately 3-7 times more
likely to be diagnosed with later-
stage disease than other women
on the registry**

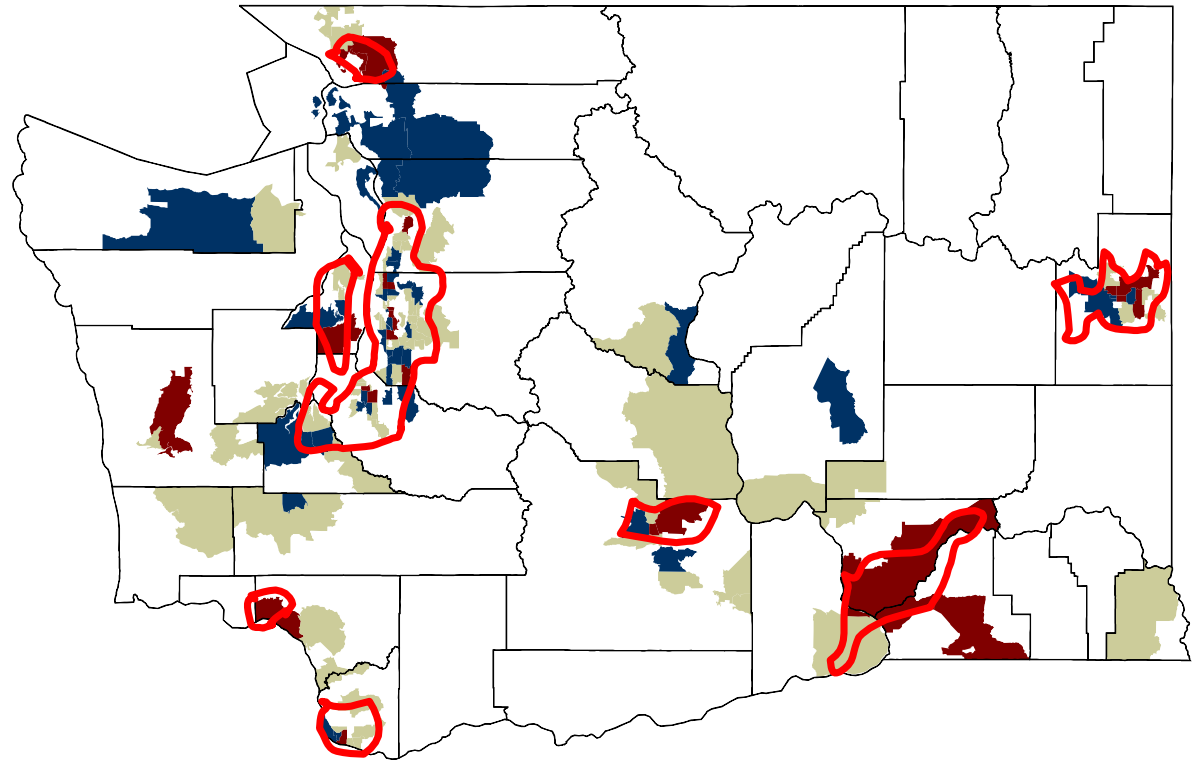


Response to Issues and concerns: Community Conversations on Breast Cancer



- Komen Foundation Puget Sound Affiliate agreed to support the project
- Steering committee meeting
- What are barriers to care?
- Are we going in the right direction?
- Planning community conversations

target areas



What we learned



- A perception that men providers are not good listeners while women were likely to be empathetic about both male and female patients
- Breast cancer survivors and older women are important resources
- Younger women affected by “taboos” of touching and secrecy
- Trust in one’s provider was the MOST important factor in heeding preventive advice

Children's Preventive Health Care Initiative

- Foster Care EPSDT evaluation
- Foster Care psychotropic drug QI project
- HRSA EPSDT QI project

